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	For An Authorized Committee		2013 JA Office Use Oply 2. 10	
NAME OF TYPE OR PRICOMMITTEE (in full)	NT ▼ Example: If typing over the lines.	type 12FF4M5.	IAIL CENTER	
Delinda Mongan	for Congress			
ADDRESS (number and street)	ox Ille			
Check if different 2391	8 NE SPRINGH	11616120		
than previously reported. (ACC)	0.11	10R 19	711191-	
2. FEC IDENTIFICATION NUMBER ▼	CITY A	STATE	ZIP CODE	
C00525154	3. IS THIS NEW (N)	OR AMENDE	STATE ▼ DISTRICT D R O R	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(b) 12-Day PRE-Election Report Primary (12P) Convention (12	General (12	, , , ,	
October 15 Quarterly Report (Q3)	Election on	86 2012	in the State of	
January 31 Year-End Report (YE)	(c) 30-Day POST-Election Repo	ort for the:		
	General (30G)	Runoff (30F	Special (30S)	
Termination Report (TER)	Election on	D D / Y Y Y Y	in the State of	
5. Covering Period 7 7 67	126/2 through	12/31/	2012	
Type or Print Name of Treasurer	to the best of my knowledge and bo LANCE MORGAN	elief it is true, correct and	complete.	
Signature of Treasurer	bon	Date [7]	1 02 2012	
NOTE: Submission of false, erroneous, or incom	plete information may subject the person	on signing this Report to the	e penalties of 2 U.S.C. §437g.	
Office Use Only			FEC FORM 3 (Revised 02/2003)	